P10000003372

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | ÷#) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|--|
| SUBJECT: VIP OPTICA CORP | |
| | (Name of Corporation) |
| DOCUMENT NUMBER: P100 | 00073372 |
| The enclosed Officer/Director Resign | nation for a Corporation and fee are submitted for filing. |
| Please return all correspondence con | cerning this matter to the following: |
| YISELL ALFONSO | |
| (Name of Perso | on) |
| V I P OPTICA CORP | |
| (Name of Firm/Con | npany) |
| 6741 CORAL WAY STE 54 | |
| (Address) | |
| MIAMI, FL 33155 | |
| (City/State and Zip | Code) |
| For further information concerning the | his matter, please call: |
| YISELL ALFONSO | at (786) 339-0099 (Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made | payable to the Florida Department of State. |
| Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2 UN S PA ISS

| I. JUSE MESA JARAMILLU | , hereby resign as PRESIDENT | |
|---|--|--|
| 7 | (Title) | |
| of VIPOPTICA CORP | of Corporation) | |
| (Name | e of Corporation) | |
| P10000073372 | , a corporation organized under the laws of the State of | |
| (Document Number, if known) | | |
| FLORIDA | | |
| | | |
| | | |
| | | |
| | | |
| bu | Signature of resigning officer/director) | |
| | Signature of resigning officer/director) | |
| STATE OF FLORIDA - COUNTY OF Miani Desce | SIGNON ES | |
| STATE OF FLORIDA - COUNTY OF | 16 and 22, 2015 1855. | |
| STATE OF FLORIDA - COUNTY OF The foregoing instrument was acknowledged before me this day of 2012, by 155 | | |
| (1+010m) | #EE 050TTB | |
| Notary Signature Vaoravao telan Notary Name Printed Devices Income | FILING FEE IS \$35.00 | |
| Personally Known or ID produced Driver Is ceutle | LIPHACIPE 19 \$33.00 AMOUNT SOLIN. | |

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314